

## Inventor Information

Inventor One Given Name:: Ehassan  
Family Name:: Taghizadeh  
Name Suffix::  
Postal Address Line One:: 3801 York Avenue South  
Postal Address Line Two::  
City:: Minneapolis  
State or Province:: MN  
Country::  
Postal or Zip Code:: 55410  
City of Residence:: Minneapolis  
State or Prov. of Residence:: MN  
Country of Residence::  
Citizenship Country:: USA

Inventor Two Given Name:: Grant B.  
Family Name:: Edwards  
Name Suffix::  
Postal Address Line One:: 2727 West 43rd Street, #207  
Postal Address Line Two::  
City:: Minneapolis  
State or Province:: MN  
Country::  
Postal or Zip Code:: 55410-1654  
City of Residence:: Minneapolis  
State or Prov. of Residence:: MN  
Country of Residence::  
Citizenship Country:: USA

Inventor Three Given Name:: Kurt  
Family Name:: Robideau  
Name Suffix::  
Postal Address Line One:: 26214 Sixth Street West  
Postal Address Line Two::  
City:: Zimmerman  
State or Province:: MN  
Country::  
Postal or Zip Code:: 55398  
City of Residence:: Zimmerman  
State or Prov. of Residence:: MN  
Country of Residence::  
Citizenship Country:: USA

Inventor Four Given Name:: Stephen P.  
Family Name:: Erler  
Name Suffix::  
Postal Address Line One:: 1704 Chatham Avenue

Postal Address Line Two::  
City:: Arden Hills  
State or Province:: MN  
Country::  
Postal or Zip Code:: 55112  
City of Residence:: Arden Hills  
State or Prov. of Residence:: MN  
Country of Residence::  
Citizenship Country:: USA

Given name of Applicant::  
Family Name::  
Name Suffix::  
Authority under 1.42::  
Authority under 1.43::  
Authority under 1.47::  
Postal Address Line One::  
Postal Address Line Two::  
City::  
State or Province::  
Country::  
Postal or Zip Code::  
City of Residence::  
State or Prov. of Residence::  
Country of Residence::  
Citizenship Country::

#### Correspondence Information

Correspondence Customer Number:: 00164  
Telephone:: 612/339-1863  
Fax:: 612/339-6580  
Electronic Mail:: drfairbairn@kinney.com

### Application Information

Title Line One:: RAPID TRANSPORT SERVICE IN A NETWORK  
 Title Line Two:: TO PERIPHERAL DEVICE SERVERS  
 Total Drawing Sheets:: 2  
 Formal Drawings?:: No  
 Application Type:: Utility  
 Docket Number:: C325.12-0002  
 Licensed US Govt. Agency::  
 Contract or Grant Numbers::  
 Secrecy Order in Parent Application?:

### Representative Information

Representative Customer Number:: 00164

### Continuity Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
	An application claiming the benefit under 35 U.S.C. 119(e)	60/451,106	02/28/2003

### Foreign Priority Information

Country::	Application No.::	Filing Date::	Priority Claimed::

Assignee Information

Name::	Comtrol Corporation
Address line one::	6655 Wedgewood Road
Address line two::	
City::	Maple Grove
State or Province::	MN
Postal or zip code::	55311-3646